
PLAINTIFF CONSENT FORM

I hereby consent to make a claim against Defendants, 4 Mile Inc., Ambrose T. Schwartz, Jr., Diane M. Schwartz, Sylvester Weaver, and Pamela Weaver, for overtime and regular pay. During the past three (3) years, there were weeks that I worked as a Dancer for Defendants during which time Defendants failed to pay me minimum wage and overtime and made unlawful deductions from my pay.

Sammi J. Cook-Kuehn 7/20/14
Signature and Date

Sammi Cook-Kuehn

Print Name

[REDACTED]
Address

[REDACTED]
City, State, Zip Code

[REDACTED]
Home Telephone

[REDACTED]
Mobile Telephone

[REDACTED]
E-Mail Address

[REDACTED]
Emergency Contact (and phone number)

2006 - current

Dates of Employment with Defendants

PLEASE SIGN AND RETURN TO:
MOEN SHEEHAN MEYER, LTD.
201 MAIN STREET, SUITE 700
LA CROSSE, WISCONSIN 54601
OR EMAIL/FAX TO
JPETERSON@MSM-LAW.COM
PHONE: 608-784-7310
FAX: 608-782-6611